## FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

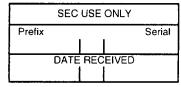
## FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB Number: 3235-0076 November 30, 2001 Expires:

Estimated average burden hours per response......



| Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Palladium Equity Partners III, L.P. |                    |                                       |  |  |
|---|--------------------|---------------------------------------|--|--|
|   |                    |                                       |  |  |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506   | Section 4(6)       | ULOE                                  |  |  |
| Type of Filing: New Filing Amendment  |                    | RECD S.E.C.                           |  |  |
| A. BASIC IDENTIFICATION DATA  |                    |                                       |  |  |
|   |                    | MAY & F 200F                          |  |  |
| 1. Enter the information requested about the issuer   | Ī                  | 1017 7 9 5000                         |  |  |
|   |                    |                                       |  |  |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  | //                 | 1086                                  |  |  |
| Palladium Equity Partners III, L.P. (the "Partnership")   | L.                 |                                       |  |  |
| Address of Executive Offices (Number and Street, City, State, Zip Code)   | Telephone Num      | ber (Including Area Code)             |  |  |
| 1270 Avenue of the Americas, Suite 2200, New York, New York 10020   | (212) 218-5150     |                                       |  |  |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code)   | Telephone Num      | mber (Including Area Code)            |  |  |
| (if different from Executive Offices)   |                    |                                       |  |  |
| Brief Description of Business A partnership organized to invest in middle market companies with the objective                     | e of generating su | perior risk-adjusted returns.         |  |  |
|   |                    | . /                                   |  |  |
| Type of Business Organization   | ,                  | /                                     |  |  |
| corporation   limited partnership, already formed   other (please specify):   | :1/                |                                       |  |  |
| business trust limited partnership, to be formed  |                    | PROCECCED                             |  |  |
| Month Year  | <u> </u>           | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |  |  |
| Actual or Estimated Date of Incorporation or Organization:  | Estimated          | PA 10.1 @ @ @ @ @                     |  |  |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:                      | Limated            | JUN 0 6 2005                          |  |  |
| CN for Canada; FN for other foreign jurisdiction)   | ]                  | There is in a                         |  |  |
| GENERAL INSTRUCTIONS  |                    | FINANCIAI                             |  |  |
|   |                    |                                       |  |  |

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

|   | _                        | A. BASIC IDENT                | IFICATION DATA                 |                       |                                     |
|---|--------------------------|-------------------------------|--------------------------------|-----------------------|-------------------------------------|
| 2. Enter the information reque  | ested for the following  | ng;                           |                                | <del></del>           |                                     |
| • Each promoter of  | of the issuer, if the is | ssuer has been organized wi   | thin the past five years;      |                       |                                     |
| • Each beneficial issuer;   | owner having the po      | ower to vote or dispose, or d | lirect the vote or disposition | of, 10% or more of    | a class of equity securities of the |
|   | officer and director     | of corporate issuers and of o | orporate general and manag     | ing partners of partn | ership issuers; and                 |
| Each general an   | d managing partner       | of partnership issuers.       |                                |                       | •                                   |
| Check Box(es) that Apply:   | Promoter                 | Beneficial Owner              | Executive Officer              | Director              | General and/or Managing Partner     |
| Full Name (Last name first, if ind Palladium Capital Management       | ,                        | =                             |                                |                       |                                     |
| Business or Residence Address (N<br>1270 Avenue of the Americas, S    |                          |                               |                                |                       |                                     |
| Check Box(es) that Apply:   | Promoter                 | Beneficial Owner              | Executive Officer              | Director              | General and/or Managing Partner     |
| Full Name (Last name first, if ind                                    | ividual)                 |                               |                                |                       |                                     |
| Palladium Equity Partners III,  |                          | ·                             |                                |                       |                                     |
| Business or Residence Address (N<br>1270 Avenue of the Americas, S    |                          |                               |                                |                       |                                     |
| Check Box(es) that Apply:   | Promoter                 | Beneficial Owner              | Executive Officer              | Director              | General and/or Managing Partner*    |
| Full Name (Last name first, if ind Rodriguez, Marcos A. (of the G     | •                        |                               |                                |                       |                                     |
| Business or Residence Address (N<br>1270 Avenue of the Americas, S    |                          | • • • • •                     |                                |                       |                                     |
| Check Box(es) that Apply:   | Promoter                 | Beneficial Owner              | Executive Officer              | Director .            | General and/or Managing Partner*    |
| Full Name (Last name first, if ind Joseph, Peter A. (of the General   | · ·                      | <del>-</del>                  |                                |                       |                                     |
| Business or Residence Address (N<br>1270 Avenue of the Americas, S    | *                        | • • • •                       |                                |                       |                                     |
| Check Box(es) that Apply:   | Promoter                 | Beneficial Owner              | Executive Officer              | Director              | General and/or Managing Partner*    |
| Full Name (Last name first, if ind<br>Perez, David (of the General Pa | •                        |                               |                                | ·                     |                                     |
| Business or Residence Address (N<br>1270 Avenue of the Americas, S    |                          | • • • • •                     |                                |                       |                                     |
| Check Box(es) that Apply:   | Promoter                 | Beneficial Owner              | Executive Officer              | Director              | General and/or Managing Partner*    |
| Full Name (Last name first, if ind                                    | ividual)                 |                               |                                |                       |                                     |
| Business or Residence Address (N                                      | Number and Street, (     | City, State, Zip Code)        |                                | ··-                   |                                     |
| Check Box(es) that Apply:   | Promoter                 | Beneficial Owner              | Executive Officer              | Director              | General and/or Managing Partner     |
| Full Name (Last name first, if ind                                    | ividual)                 |                               |                                |                       |                                     |
| Business or Residence Address (N                                      | Number and Street, (     | City, State, Zip Code)        |                                |                       |                                     |

<sup>\*</sup> Managing Member

|  |  |  |   |  | B. I.   | NFORMA                         | TIC           | ON ABOU                      | T OFFERI                                      | NG   |                                       | ·····  |   |     |        |
|--|--|--|---|--|---|--------------------------------|---------------|------------------------------|---|--|---------------------------------------|--|---|-----|--------|
| 2. V                                   | las the issue<br>What is the mark  | inimum ir  | nvestment th  | Answer als<br>nat will be ac                                   | o in Appen<br>ecepted from                              | dix, Colu<br>n any ind         | mn 2<br>ividu | , if filing v<br>ual?        | inder ULOE                                    |  |                                       |  |   | YES | NO<br> |
| 3. D<br>4. E<br>s<br>a                 | Does the offer<br>Enter the infi<br>imilar remul<br>issociated per<br>lealer. If monotonic | ring permi<br>ormation<br>neration for<br>erson or agore than fire | it joint owned<br>requested for<br>solicitation<br>gent of a brown<br>ve (5) person | ership of a si<br>or each pers<br>on of purcha<br>oker or deal | ngle unit?<br>on who ha<br>sers in con-<br>er registere | s been or<br>nection w         | wil<br>ith s  | l be paid of ales of sec     | or given, di<br>urities in th<br>with a state | rectly or in<br>e offering.<br>or states, li | directly, ar If a person ist the name | ny commiss<br>n to be listed<br>e of the bro | ion or<br>d is an<br>oker or              | YES | NO     |
|  | me (Last nai   |  | ,   |  |   |                                |               |                              |   |  |                                       |  |   |     |        |
| Busines<br>116                         | V/Wetherly<br>ss or Resider<br>01 WILSHI<br>S ANGELE                                       | ice Addres<br>RE BLVI  | ss (Number<br>D., SUITE (   |  | City, State,  | Zip Code                       | )             |                              |   |  |                                       |  |   |     |        |
| Name o                                 | f Associated   | Broker o   | r Dealer  |  |   |                                |               |                              |   |  |                                       |  |   |     |        |
| a                                      | Wat t B  |  | ** ***  | <del>-,,-</del>  | 6.11  |                                |               |                              |   |  |                                       |  |   |     |        |
| States in                              | Which Pers   |  |   |  |   |                                |               |                              |   |  |                                       | Ш.   | II Carre                                  |     |        |
| [AL]<br>[IL]<br>[MT]<br>[RI]           | (Check "/<br>[AK]<br>[IN]<br>[NE]<br>[SC]  | All States' [AZ] [IA] [NV] [SD]                                    | [AR]<br>[KS]<br>[NH]<br>[TN]  | ndividual Sta<br>[CA] √<br>[KY]<br>[NJ]<br>[TX]                | ,   | [CT]<br>[ME]<br>[NY]<br>[VT]   |               | [DE]<br>[MD]<br>[NC]<br>[VA] | [DC]<br>[MA]<br>[ND]<br>[WA]                  | [FL]<br>[MI]<br>[OH]<br>[WV]                 | [GA]<br>[MN]<br>[OK]<br>[WI]          | A<br>[HI]<br>[MS]<br>[OR]<br>[WY]            | II States [ID] [MO] [PA] [PR]             |     |        |
| Full Nan                               | ne (Last nan   | ne first, if   | individual)   | 11/41  |   |                                |               |                              | []  | [ ]  | []                                    |  | ()  |     |        |
| Business<br>501 (<br>Villa             | ne Capital P<br>s or Residenc<br>Candace La<br>nova, PA 19<br>ne of Associa                | ce Addres:<br>ne<br>1085   | s (Number a   | and Street, C  | ity, State, 2   | Zip Code)                      |               |                              |   |  |                                       |  |   |     |        |
| States                                 | in Which P   | erson List   | ed Has Solid  | cited or Inter   | nds to Solic  | it Purchas                     | ers           | _                            |   |  |                                       | •  |   |     |        |
| (Check "                               | 'All States" o   | or check ir  | ndividual St  | ates)  | ••••••  |                                |               |                              |   |  |                                       | 🔲 AI   | 1 States                                  |     |        |
| [AL]<br>[IL]<br>[MT]<br>[RI]           | [AK]<br>[IN]<br>[NE]<br>[SC]   | [AZ]<br>[IA]<br>[NV]<br>[SD]                                       | [AR]<br>[KS]<br>[NH]<br>[TN]  | [KY]   | [CO]<br>[LA]<br>[NM]<br>[UT]                            | [CT]<br>√ [ME]<br>[NY]<br>[VT] | V             | [DE]<br>[MD]<br>[NC]<br>[VA] | [DC]<br>[MA]<br>[ND]<br>[WA]                  | [FL]<br>[MI]<br>[OH]<br>[WV]                 | [GA]<br>[MN]<br>[OK]<br>[WI]          | [HI]<br>[MS]<br>[OR]<br>[WY]                 | [ID]<br>[MO]<br>[PA]<br>[PR]              | 4   |        |
| Full Na                                | me (Last nai   | ne first, if   | `individual)  |  |   |                                |               |                              |   |  |                                       |  |   |     |        |
| Bus                                    | iness or Resi  | idence Ad  | dress (Num  | ber and Stre   | et, City, Sta   | ate, Zip C                     | ode)          |                              |   |  |                                       |  |   |     |        |
| Nan                                    | ne of Associ   | ated Broke   | er or Dealer  |  |   |                                |               |                              |   |  |                                       |  |   |     |        |
| States                                 | in Which P   | erson Liste  | ed Has Solid  | cited or Inter   | nds to Solic  | it Purchas                     | sers          |                              |   |  |                                       |  |   |     |        |
| (Check<br>[AL]<br>[IL]<br>[MT]<br>[RI] | k "All States"<br>[AK]<br>[IN]<br>[NE]<br>[SC]   | or check<br>[AZ]<br>[IA]<br>[NV]<br>[SD]                           | individual<br>[AR]<br>[KS]<br>[NH]<br>TN]   | States)<br>[CA]<br>[KY]<br>[NJ]<br>[TX]                        | [CO]<br>[LA]<br>[NM]<br>[UT]                            | [CT]<br>[ME<br>[NY]<br>[VT]    | <b>]</b><br>] | [DE]<br>[MD]<br>[NC]<br>[VA] | [DC]<br>[MA]<br>[ND]<br>[WA]                  | [FL]<br>[MI]<br>[OH]<br>[WV]                 | [GA]<br>[MN]<br>[OK]<br>[WI]          | [HI]<br>[MS]<br>[OR]<br>[WY]                 | All States<br>[ID]<br>[MO<br>[PA]<br>[PR] | [   |        |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

|    | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PRO   | OCEEDS                    |           |                                      |
|----|---|---------------------------|-----------|--------------------------------------|
| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter   |                           |           |                                      |
|    | "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.   |                           |           |                                      |
|    | Type of Security  | Aggregate                 |           | Amount                               |
|    |   | Offering Price            |           | Already Sold                         |
|    | Debt  | \$ -0-                    | \$        | -0-                                  |
|    | Equity  | \$ -0-                    | \$        | -0-                                  |
|    | Common Preferred  |                           |           |                                      |
|    |   | \$ -0-                    | \$        | -0-                                  |
|    | Partnership Interests   | \$ 500,000,000            |           | 236,242,000                          |
|    | Other (Specify)   | <u>\$</u> -0-             | \$        | -0-                                  |
|    | Total   | \$ 500,000,000            | \$        | 236,242,000                          |
|    | Answer also in Appendix, Column 3, if filing under ULOE.  |                           |           |                                      |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total line. Enter "0" if answer is "none" or "zero."             |                           |           |                                      |
|    | A considered Investors  | Number<br>Investors<br>10 | ¢         | Aggregate Dollar Amount of Purchases |
|    | Accredited Investors  | -0-                       | \$<br>\$  | -0-                                  |
|    | Non-accredited investors  | NA                        | <u>\$</u> | -0-<br>NA                            |
|    | Total (for fillings under Rule 304 only)  |                           |           | - NA                                 |
| 3. | Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this   |                           |           |                                      |
|    | offering. Classify securities by type listed in Part C - Question 1.  | Tomase                    |           | Dellas Assessed                      |
|    | Type of offering  | Type of<br>Security       |           | Dollar Amount<br>Sold                |
|    | Rule 505  | NA                        | \$        | NA                                   |
|    | Regulation A  | NA                        | \$        | NA                                   |
|    | Rule 504  | NA                        | \$        | NA                                   |
|    | Total   | NA                        | \$        | NA                                   |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                           |           |                                      |
|    | Transfer Agent's Fees   | 🖂                         | \$        | -0-                                  |
|    | Printing and Engraving Costs.   | 🖂                         | \$        | -0-                                  |
|    | Legal Fees  | 🖂                         | \$        | 1,000,000                            |
|    | Accounting Fees   | 🛛                         | s         | -0-                                  |
|    | Engineering Fees  | 🖂                         | \$        | -0-                                  |
|    | Sales Commissions (specify finders' fees separately)  | 🖂                         | \$        | 1,300,000                            |
|    | Other Expenses (identify) (travel, telephone and misc.)   | 🖂                         | \$        | 700,000                              |
|    | Total   | 🛛                         | \$ :      | 3,000,000                            |

| 5.1 ndicate below the amount of the adjupurposes shown. If the amount for a | usted gross proceeds to the issuer used or proposed to proposed to propose is not known, furnish an estimate and chents listed must equal the adjusted gross proceeds we. | to be used for each of the neck the box to the left of | \$ 497,000,000                               |
|---|---|--|--|
|   |   | Offi<br>Direct   | ents to cers tors & Payments to iates Others |
| Salaries and fees   |   |  | <u>o-</u>                                    |
| Purchase of real estate   |   | <u>s</u> -   | 0 🛛 🕏0                                       |
| Purchase, rental or leasing and installa                                    | tion of machinery and equipment   |  | o- <u> </u>                                  |
| Construction or leasing of plant building                                   | ngs and facilities  |  | o-   |
| offering that may be used in exchange                                       | fing the value of securities involved in this for the assets or securities of another   |  | 0- 🛛 \$ -0-                                  |
|   |   |  |  |
|   |   |  | 0- <u>×</u> \$ -0-                           |
| Working capital   |   |  | 0- <u>×</u> \$ -0-                           |
| Other (specify) <u>Investment Portfolio</u>                                 |   | \( \bigsiz \) \( \bigsiz \)                            | 0- × \$497,000,000                           |
|   |   | <u>\</u> s   | 0- 🗵 🕏 -0-                                   |
| Column Totals   |   |  | 0- \$497,000,000                             |
| Total Payments Listed (column totals  | added)  |  | \$497,000,000                                |
| <del></del>   | D. FEDERAL SIGNATU  | JRE  |  |
|   | gned by the undersigned duly authorized person. If t U.S. Securities and Exchange Commission, upon wri (b)(2) of Rule 502.  |  |  |
| suer (Print or Type)  | Signature   | Date   | 2/0  |
| lladium Equity Partners III, L.P.   |   | _ 05/2   | 3/05   |
| ame (Print or Type)   | Title of Signer (Print or Type)   |  |  |
| arcos A. Rodriguez  | Managing Member of the General Pa   | rtner of the Partnership                               |  |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

# **ATTENTION**